

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter
Certificate from

TOP NOTCH TRANSPORTATION

(Please type or print)

Submitted by: JAGAZI SEAROOK

Address: 164 MARKET ST

SUITE 331

CHS, SC 29403

Telephone: 843-425-9866

Fax: 843-628-7718

Other:

Email: JAGAZI@TNTLIMOSERVICES.CO

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

RECEIVED

JUN 28 2011

DATE: June 28th 2011

I have the following Certificate:

☐ Class C Taxi # _____ ☒ Class C Charter # PSC-7896 ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change

From: _____
(Current Name)

DBA: _____
(Current DBA if applicable)

TO: _____
(New Name)

DBA: _____
(New DBA if applicable)

☐ Scope of Authority

From: _____
(Current Scope)

To: _____
(New Scope)

☒ Passenger Limit

From: 6 passengers
(Current Limit Number)

To: 15 passengers
(New Limit Number)

TWP WITCH TRANSPORTATION & Limoservices, LLC
Name & DBA if DBA is applicable)

164 MARKET ST-331
(Street and/or Mailing Address)

CHARLESTON SC, 29401
(City, State, Zip Code)

(Signature)

843-475-9866
(Telephone Number)

OWNER / PRESIDENT
(Title) Owner, President, etc.

Revised 3-2-10